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FESAN018

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		mple: If typing the lines.		12FE4M5	MAIL CENTER	
ADDRESS (number and street) 18859 (Cross Plainte Loop)								
	Check if different than previously reported. (ACC) Anchorage AR 99504-							
2.	COO4452		IS THIS REPORT	NEW (N)		TATE AMENE	ZIP CODE A STATE ▼ DISTRICT	
4.	TYPE OF REPORT (Change of the content of the conten	Report (Q1)	Primary (12P) General (12G) Runoff (12G) Convention (12C) Special (12S)					
	October 15 Quarte January 31 Year-Er		Election on 30-Day POST	-Election Rep	[‡] m:f	<i>y</i>		
	Termination Report	(TER)	Election on	M M /	0 0 /	Runoff (30	in the	
5. Covering Period \(\int \text{0} \\ \text{0} \\ \text{0} \\ \text{2} \\ \text{0} \\ \text{3} \\ \text{3} \\ \text{4} \\ \text{3} \\ \text{3} \\ \text{4} \\ \text{4} \\ \text{3} \\ \text{4} \\ \text{4} \\ \text{4} \\ \text{5} \\ \text{4} \\ \text{5} \\ \text{4} \\ \text{5} \\ \text{5} \\ \text{5} \\ \text{5} \\ \text{6} \\ \te								
Type or Print Name of Treasurer Cabrielle LeDoux Type or Print Name of Treasurer								
Signature of Treasurer Date								
NO	TE: Submission of false, erron Office Use Only	eous, or incomplete info	ormation may s	ubject the pers	son signing th	is Report to t	he penalties of 2 U.S.C. §437g. FEC FORM 3 (Revised 02/2003)	